

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N00000005231**

1. Corporation Name

CENTRAL FLORIDA MENTORING NETWORK, INC.

Principal Place of Business

1900 33RD STREET
ORLANDO FL 32839-8856

Mailing Address

1900 33RD STREET
ORLANDO FL 32839-8856

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2000

5. FEI Number

31-1800782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 01-02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 10 AM 11:26

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Gregory Clendenin D	1900 33rd Street	Orlando, FL 32839
Director	Walter Hawkins D	649 W. Livingston St.	Orlando, FL 32801
Director	Frank Vandelooy D	5069 North Lane	Orlando, FL 32808
			400004781264--5 -01/17/02--01024--022 *****297.50 *****297.50 8/15

8. Name and Address of Current Registered Agent

CLENDENIN, GREG
1900 33RD STREET
ORLANDO FL 32839-8856

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/23/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated; the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)